

DDBIA CITY SQUARE CLOSURE Request for Service

EVENT INFORMATION:				
Date(s) of Event:		Event Name:		
Closure Start Time:		End Time:		
Description of Event:				
Location: (please circle all that apply)				
City Square	Lois Lane	Parking Area	Craig Street	
DDBIA CONTACT PERSON:				
Name:		Phone:		
SERVICE(S) REQUESTED:				
☐ Placing of Bollards for Closure		Extra Garbage Receptacles	Number:	
Removal of Bollards for Opening		☐ Extra Recycling Receptacles	Number:	
Access to Water		Barricades	Number	
Other:				
Other:				
SIGNATURE: (DDBIA Representative)				
		Date:		
OFFICE USE ONLY:				
Notes:				
Date Approved:		Signature: (Director of PW or Operations I	Signature: (Director of PW or Operations Manager Signature)	
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